

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **13800**

FILED APR 20 1953

BIRTH NO. _____		REG. DIST. NO. <u>138</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>382</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Marshfield</u> <u>1120</u>			
c. LENGTH OF STAY (in this place) <u>10 hours</u>				d. STREET ADDRESS (If rural, give location) <u>c/o General Delivery</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOAN</u>		b. (Middle) <u>SUSAN</u>		c. (Last) <u>STEFFANS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 11, 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Nov. 15, 1948</u>	
9. AGE (In years last birthday) <u>4</u>		10. MONTH <u>4</u>		11. DAY <u>26</u>		12. IF UNDER 1 YEAR Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clifford Steffans</u>		13b. MOTHER'S MAIDEN NAME <u>Jeanette Vanice</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clifford Steffans</u> ADDRESS <u>Marshfield, Mo.,</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchopneumonia</u> DUE TO (c) <u>Rubeola</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Reticulo-endotheliosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hr</u> <u>12 days</u> <u>19 days</u> <u>Unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0851</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>23 March, 1953</u> , to <u>11 April, 1953</u> , that I last saw the deceased alive on <u>10 April, 1953</u> , and that death occurred at <u>7:25 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas M. Macdonnell M.D.</u>		23b. ADDRESS <u>Marshfield, Mo.</u>		23c. DATE SIGNED <u>15 April 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/13/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marshfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marshfield, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-17-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>AYRE-GOODWIN FUNERAL SERVICE, Spgfl</u>			

(Licensed Embalmer's Statement on Reverse Side)

MO.,

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

_____, Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed_____

Licensed Embalmer No. 4594

P. O. Address Springfield, Mo.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.